Name in Full: Esther Trarer Bafford

Certificate of Death: 3

Died at — Town: Tusbys — County: Calvert — MARYLAND

Date 189 9 — Month: Jan — Day: 9 — Age: Y. 10 M. 18 D. — Native of: Calvert — Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband / Wife of

Father's Name: Joseph J Bafford — Mother's Name: Clara R. Bafford

Cause of Death — Primary: Congestion Brain + Meninges — How long sick: 3 days

Immediate: Convulsions 42 — Accident, Suicide, Homicide

Reported by: John S Dorsey M.D.

Address: Bertha Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

Name in Full: Joseph Bloke

Certificate of Death: 7

Died: Near Sunderlandsville (Town) Calvert (County) MARYLAND

Date 1897 Month: Jan Day: 23rd

Age: Y. 78 M. D.

Native of: Calvert

Occupation: Farmer

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~ / ~~Number of children living~~ 2

Husband / ~~Wife~~ of: Elizabeth Bloke

Father's Name: Thomas Bloke

Mother's Name: Elizabeth Hegh

Cause of Death: Primary: Gastric Ulcer 80

Immediate: Inanition

How long sick: 6 months

~~Accident, Suicide, Homicide~~

Reported by: Geo W Pembroke M.D.

Address: Greenaship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full — Certificate of Death 6

Lydia M. Crawford

Died at Huntingtown (Town) Calvert (County) MARYLAND

Date 189 — Month: Jany — Day: 22 — Age: Y. 34 M. — D. — Native of: Calvert Co — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 1

Husband / ~~Wife~~ of W. W. Crawford

Father's Name: Edward H Dalland — Mother's Name: Elizabeth Gilson

Cause of Death — Primary: Diabetes Mellitus — How long sick: 5 months.

Immediate: Asthenia 28 — Accident, Suicide, Homicide

Reported by J. M. Chaney M. D.

Address [redacted] Dunkirk, Md-d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James Dupkin

Certificate of Death 8

Died at Town Mt Harmony County Calvert MARYLAND

Date 1899 Month July Day 27 Age Y. 38 M. D.

Native of Calvert Co. Occupation Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of — Holland

Father's Name James Dupkin Mother's Name unknown

Cause of Death: Primary Heart Disease How long sick 10 minutes

Immediate 57 ~~Accident, Suicide, Homicide~~

Reported by F. W. Hutchins Undertaker

Address Mt Harmony.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Walter Harding

Died at Town Plum Point County Calvert MARYLAND

Date 1899 Month 1 Day 3 | Age Y. 38 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Heart disease 57 — How long sick

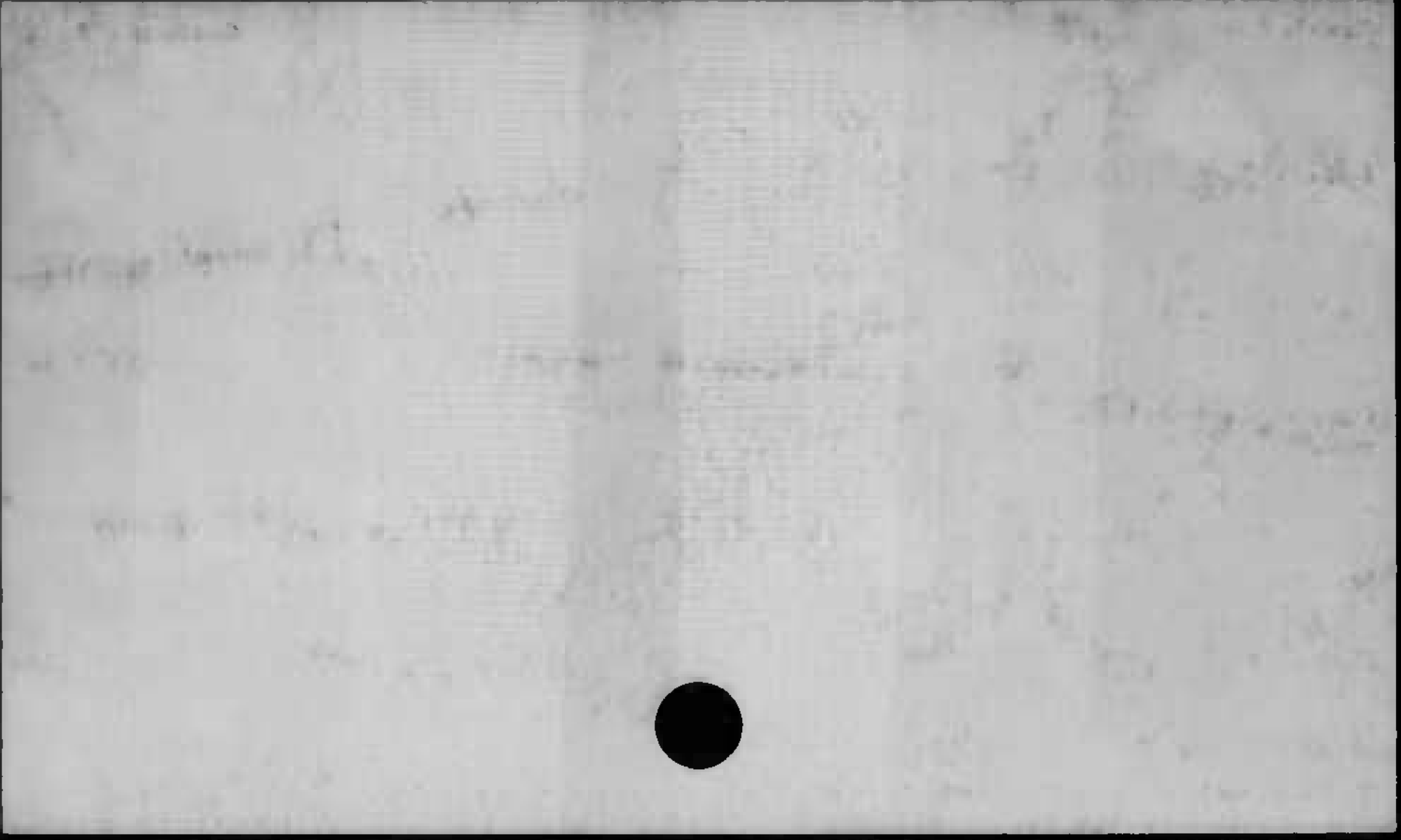
Immediate — Accident, Suicide, Homicide

Reported by Wm. T. Riley, Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Lee Howard

Certificate of Death: 4

Died at: Town: Sunderland County: Calvert MARYLAND

Date 189 9 January Month Day 4th Age Y. 30 M. years D. Native of Calvert Occupation Farmer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Agnes Walton

Father's Name: Wm Howard Mother's Name: Elisabeth Ward

Cause of Death: Primary Pneumonia 72 How long sick 7 days

Immediate Exhaustion Accident, Suicide, Homicide

Reported by J. F. Ireland M.D.

Address Lower Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Joseph Johnson

Certificate of Death 5

Died at Town Dunkirk County Calvert MARYLAND

Date 189 9 Month Jany Day 13 | Age Y. 3 M. D. | Native of Dunkirk | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of —
Wife

Father's Name Joshua Johnson

Mother's Name Margaret Coutee

Cause of Death: Primary Ascites 155a — How long sick 3 months

Immediate Asthenia — ~~Accident, Suicide, Homicide~~

Reported by T. M. Chaney, M. D.

Address Dunkirk

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66770

Name in Full: Henry Clayton McShane

Certificate of Death: 1

Died at — Town: Solomons — County: Calvert — MARYLAND

Date 1899 — Month: 1st — Day: 3 — Age: Y. 4 M. D. — Native of: Calvert — Occupation:

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — Widower — Number of ~~children living~~

Husband / Wife of

Father's Name: Edward McShane — Mother's Name: Cassie Foulston

Cause of Death — Primary: — How long sick: 3 days

Immediate: Croup 8c — Accident, ~~Suicide, Homicide~~

Reported by: Jas L. Tucker Undertaker

Address: Bisthia Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

4-4

70 No physician in attendance.

Name in Full

Rebecca Norfolk

Certificate of Death

9

Died at Huntingtown (Town) Calvert (County) MARYLAND

Date 1899 Month Dec. Day 6 | Age Y. 82 M. D. | Native of Calvert Co. | Occupation Farmer wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Jno Norfolk Dec'd.

Father's Name John Lyons | Mother's Name Miss Pauley

Cause of Death: Primary Gastric Atrophy | How long sick 2 years

Immediate Marasmus 81 | ~~Accident, Suicide, Homicide~~

Reported by J. W. Leitch M.D.

Address Huntingtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Maud - Richer.

Certificate of Death: 90

Died at: Town: Broomes Island County: Calvert. MARYLAND

Date 189 7 Month 1 Day 1 Year | Age Y. 9 M. 9 D. | Native of Calvert | Occupation Child.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Wm Richer. Mother's Name: — Monett

Cause of Death: Primary: Colitis 82 | How long sick: 4 weeks

Immediate: Inanition — | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: P Brown M.D.

Address: Mutual [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Sarah Virginia Tongue

Certificate of Death 2

Died at Town Hellens Creek County Calvert MARYLAND

Date 1899 Month Jan Day 3 | Age Y. 57 M. 8 D. | Native of Calvert | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Thomas R. Tongue

Mother's Name Jane Johnson

Cause of Death: Primary Paralysis 44 | How long sick 15 years

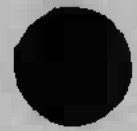
Immediate Inanition | Accident, Suicide, Homicide

Reported by John S Dorsey Mct

Address Bertha Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668



Name in Full Katie White

Certificate of Death 14

Town Adelina County Calvert

Died at MARYLAND

Date 189 9 Month Jan Day 30 | Age Y. 3 M. D. | Native of Calvert | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ Wife of

~~Father's~~ Name

Mother's Name Agnes White

Cause of Death: Primary

Immediate Lagrippe 8c

How long sick one week

~~Accident, Suicide~~, Homicide

Reported by Wm H Hutchins Undertaker

Address Adelina, Md Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968